

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">09/801,557</div>	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
<div style="font-size: 1.2em; font-family: cursive;">3/21/05</div>							<b>CLAIMS</b>						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6	1		1				56						
7		1		1			57						
8		1	1				58						
9		1		1			59						
10	1			1			60						
11		1		1			61						
12		1		1			62						
13	1		1				63						
14		1		1			64						
15		1		1			65						
16	1		1				66						
17		1		1			67						
18		1		1			68						
19	1		1				69						
20		1		1			70						
21		1		1			71						
22		2		2			72						
23		2		2			73						
24		1		1			74						
25		1		1			75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	21	↓	21	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	27		27				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

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